

Name  
in  
Full

Liana Adams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fountain Valley</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>70</i> <sup>Years</sup>	<i>5</i> <sup>Months</sup>	<i>3</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Carroll Co. Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Evan Adams</i>		Father's Birthplace <i>Carroll Co. Md</i>		
Father's Name <i>Lewis Bobbitt</i>			Mother's Birthplace		
Mother's Maiden Name <i>Don't know</i>			How related to deceased <i>Husband</i>		
Name of person giving information <i>Evan Adams</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myo - Carditis + Asthma</i>	How long <i>1 year</i>
Immediate <i>Pneumonia</i>	How long <i>12 h</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. Hering</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

Winters cemetery

Name  
in  
Full

Goldie Alice Baile

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> New Windsor<sup>County</sup> Carroll

MARYLAND

Date of death 1906 Jan

Month

Day 14

Age 19

Years

Months 3

Days

Sex Female

Color or Race

W

Birth-place

Md

Occupation Housewife

Where Residing if not at place of death

New Windsor

Married, Single or Widowed Married

Name of Wife or Husband

Walter B. Baile

Father's Name

John P. Moore

Father's Birthplace

Md

Mother's Maiden Name

Amelia Gosnell

Mother's Birthplace

Md

Name of person giving information

Joseph L. Baile

How related to deceased

Father in law

## CAUSES OF DEATH

Primary

Pneumonia

How long

(93)

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes -

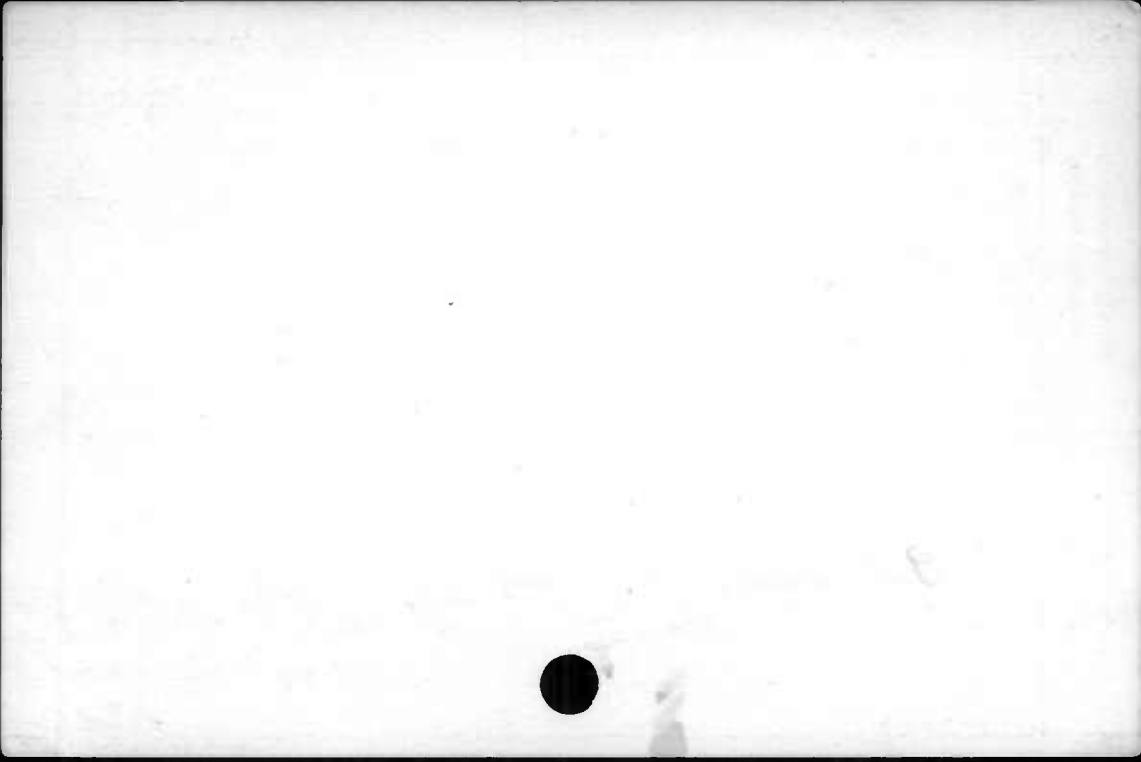
Signature of Physician

Ira E. Whitehill M.D.

Address

New Windsor  
Maryland.

Accident or Suicide?



Name  
in  
Full

Goldie Baile

## CERTIFICATE OF DEATH

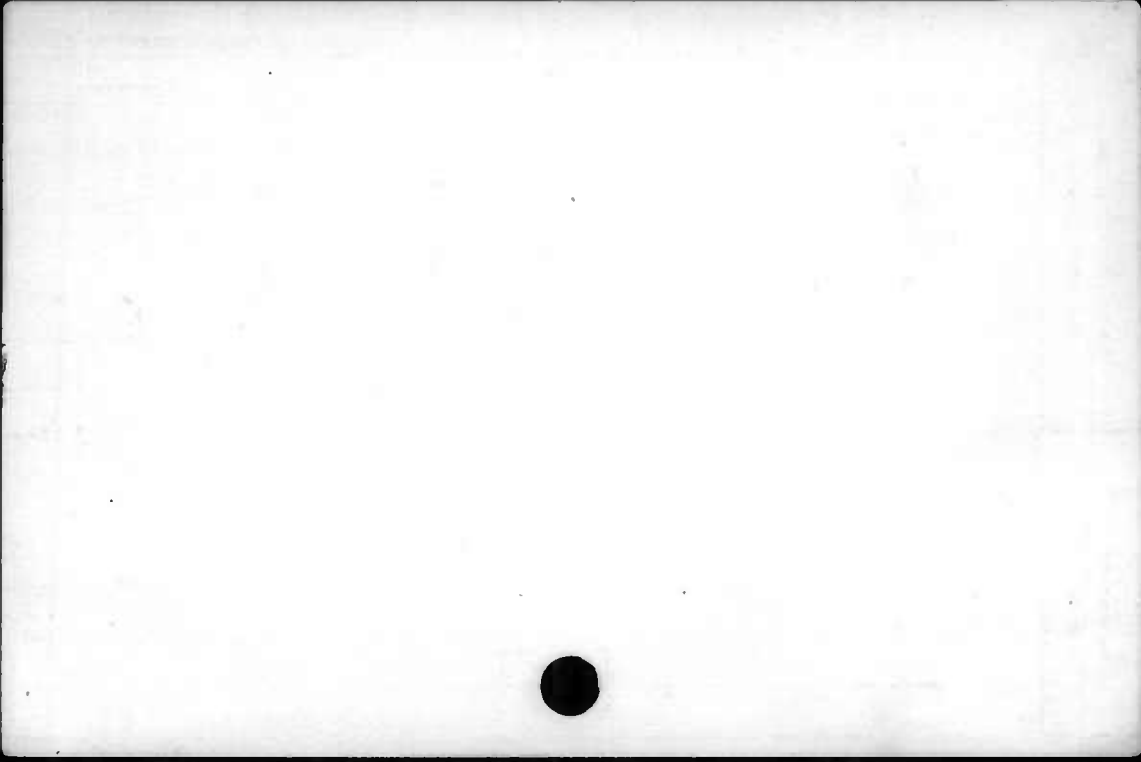
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Park Hall</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>18</i> <small>Years</small>	<i>18</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Walter B. Baile</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Goldie V Baile</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Joseph Baile</i>			How related to deceased <i>md</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pulmonary Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. J. E. Whitehill</i>
	Address <i>New Windsor Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

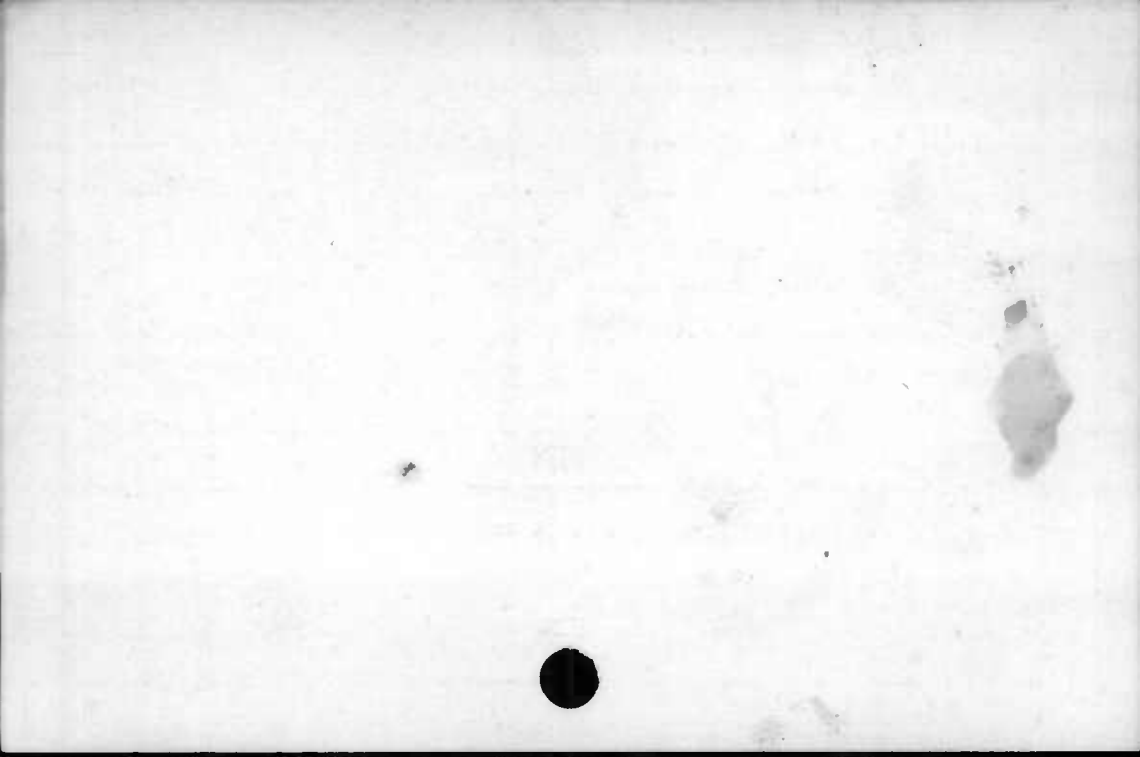
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Louisa Baker</b>		Town <b>Taneytown</b>		County <b>Garret</b>		STATE <b>MARYLAND</b>	
Died at <b>Taneytown</b>		Date of death <b>1906 Jan 13</b>		Age <b>50</b>		Months <b>9</b> Days <b>24</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ind Pa</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>John A. C. Baker</b>					
Father's Name <b>Michael Murty</b>		Father's Birthplace <b>Pa</b>					
Mother's Maiden Name <b>Elizabeth Hershey</b>		Mother's Birthplace <b>Pa</b>					
Name of person giving information <b>John A. C. Baker</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Abscess of Kidney</b>	How long <b>3 yrs</b>
Immediate <b>Exhaustion</b>	How long <b>121</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>L. Birnie M.D.</b>
	Address <b>Taneytown Md</b>
Accident or Suicide?	





Name  
in  
Full

Caroline Baukind

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>74</i>	Months <i>8</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co. Md</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>John Henry</i>		Father's Birthplace <i>Carroll Co. Md</i>			
Mother's Maiden Name <i>Went/Know</i>		Mother's Birthplace <i>+</i>			
Name of person giving information <i>J. M. Froese</i>		How related to deceased <i>Friend</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age.</i>	How long <i>154</i>
Immediate <i>u u</i>	How long <i>u u</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. F. Shufley, M. D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide?	

St Rufinus Cemetery

Name in Full

Certificate of Death

Mazie Olive Buckingham

Town

County

Died at

Hampstead

Carroll Co

MARYLAND

1906      Month      Day      Y.      M.      D.      Native of      Occupation  
 Date 19      Jan 20      Age 7      - 19      Maryland      \_\_\_\_\_  
~~Male~~      White      ~~Married~~      ~~Widow~~      ~~Divorced~~  
 Female      ~~Colored~~      Single      ~~Widower~~      Number of children living

Husband  
ofFather's  
Name

Chas Buckingham

Mother's  
Name

Larrie Buckingham

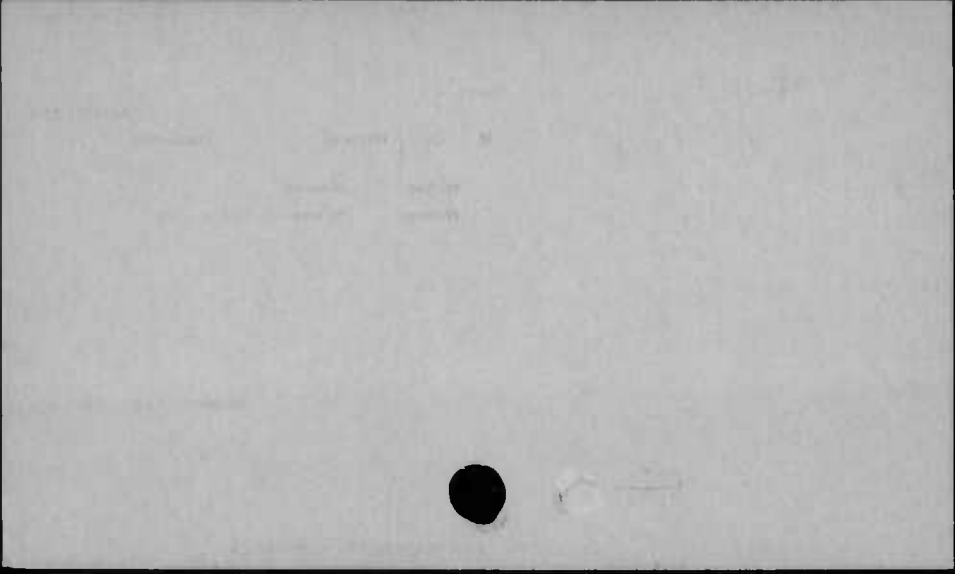
Cause of      {      Primary      Pulmonary Phthisis      How long sick      3 years  
 Death      {      Immediate      Asphyxiated      (27)      Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1906



Name  
in  
Full

Blanche, E. Carr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Warfieldsbu</i> <sup>Town</sup>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month <i>Jan</i>	Day <i>1</i>	Age <i>4</i>	Years <i>9</i> Months <i>12</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Warfieldsbu</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William Carr</i>		Father's Birthplace <i>Carroll Co. Md</i>			
Mother's Maiden Name <i>Mary, E. Carr</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>William Carr</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism Pneumonia</i>	How long <i>24 days</i>
Immediate <i>Heart</i>	How long <i>3 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Mathias</i>
	Address <i>The Minister Maryland</i>
Accident or Suicide?	

Stouten

at Warfieldsburg cemetery.

Name  
in  
Full

Albion M. Christie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Springfield Hospital* Town *Carroll* County

MARYLAND

Date of death *1906* Month *Jan*Day *14*Age *65* Years

Months

Days

Sex *Male*

Color or Race

*White*

Birth-place

*Georgia*

Occupation

*Stock Raiser*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

*S*

Father's Birthplace

*S*

Mother's Maiden Name

*S*

Mother's Birthplace

*S*

Name of person giving information

*Hospital records*

How related to deceased

## CAUSES OF DEATH

Primary

*Organic Dementia*

How long

*about 2 yrs*

Immediate

*Exhaustion*

How long

*—*

Are the name, age, sex, color, date and place correctly given above?

*To best*

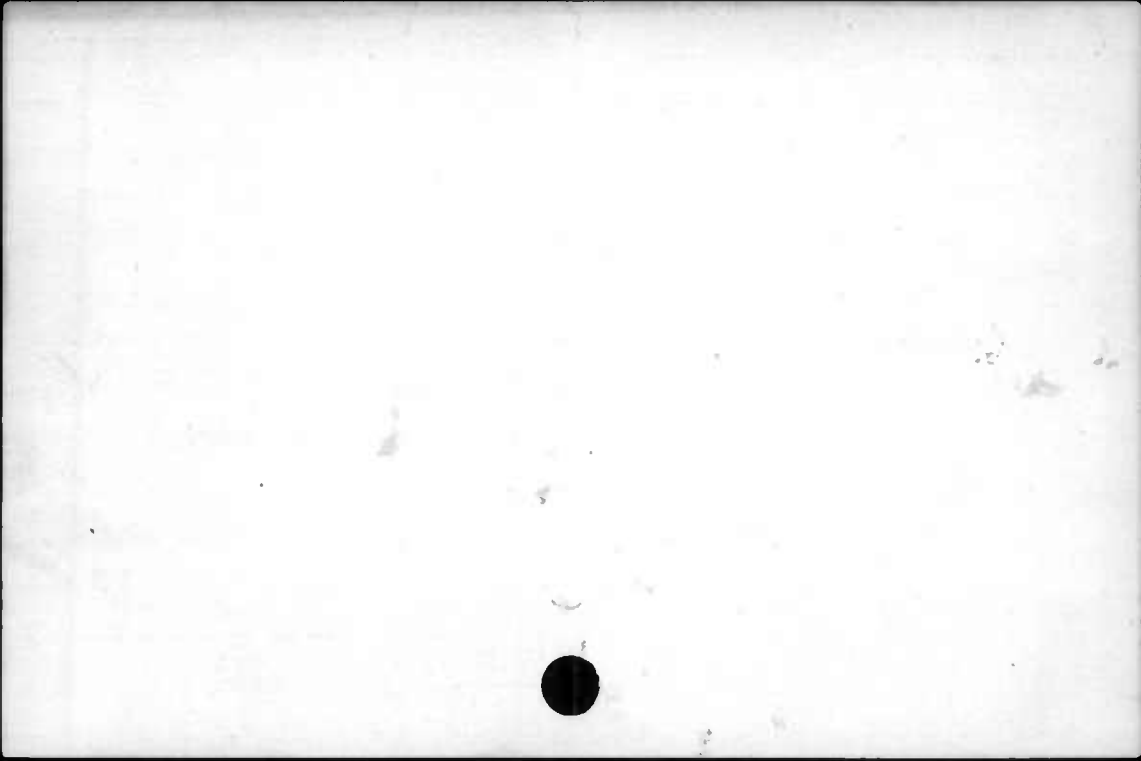
Signature of Physician

Address

*Chas. Carey*  
*Sylvanville*  
*md**of my knowledge*

Accident or Suicide?

*no*PHYSICIAN  
OR CORONER





Name  
in  
Full

*William A Crouse*

CERTIFICATE OF DEATH

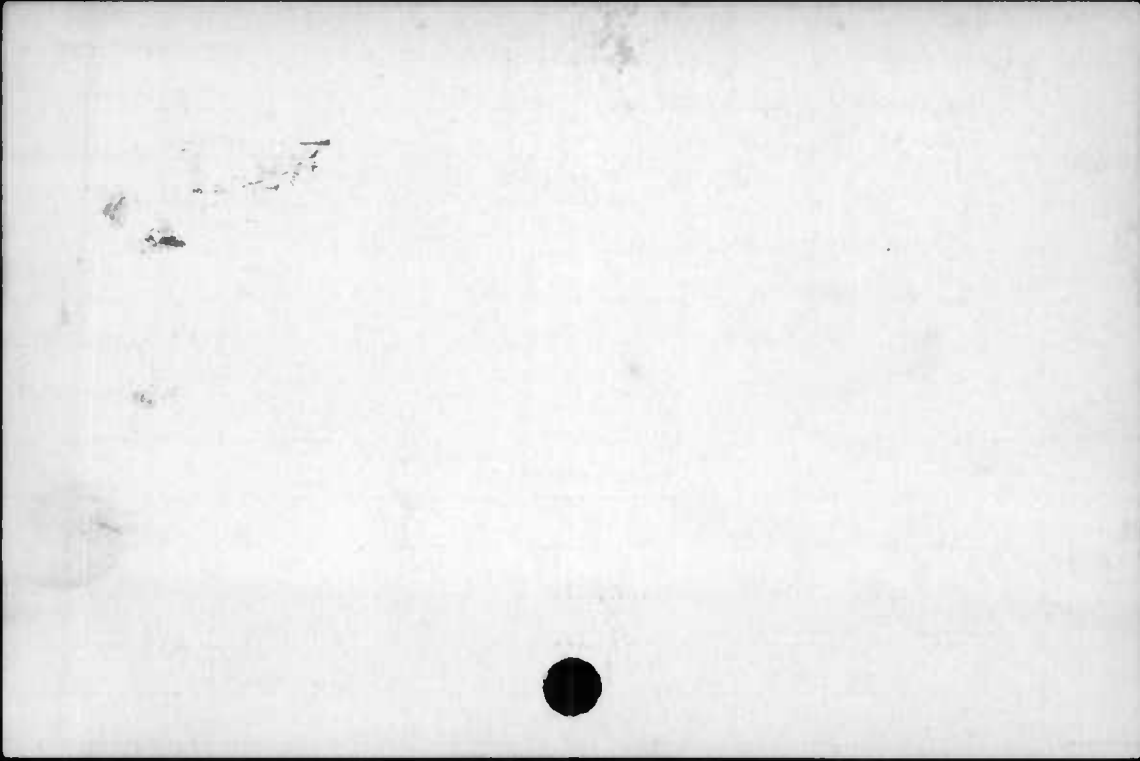
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Jan</i>	Day <i>11</i>	Age <i>81</i>	Years <i>9</i> Months <i>17</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Blugyman</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or <del>husband</del> <i>Mary C Boring</i>				
Father's Name <i>William Crouse</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Margaret Shaeffer</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Aunie Kern</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	How long <i>2 yrs</i>
Immediate <i>Chaustration</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Gen D Wells</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	



Rhoda Deal

Town

County

MARYLAND

Died at

Snydersburg

Carroll

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Jan

31

Age

94

19

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jonas Deal

Shadrach Bush

Magdalen Brown

Cause of

Primary

Acute Indigestion

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jannie E. Leveille

Town

County

Died at *Man Westmores-**Carroll*

MARYLAND

Date

Month

Day

Years

Months

Days

of death

*1906 Jan**31*

Age

*55**6**28*

Sex

*Female*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Charles S. Leveille*Father's  
Name*David Richards*Father's  
Birthplace*Maryland*Mother's  
Maiden Name*Melissa Wilson*Mother's  
Birthplace*LI*Name of person giving  
Information*Carrie Bush*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Pneumonia**(93)*

How long

*7 days*

Immediate

*Heart Failure*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Thos. J. Boonan*

Address

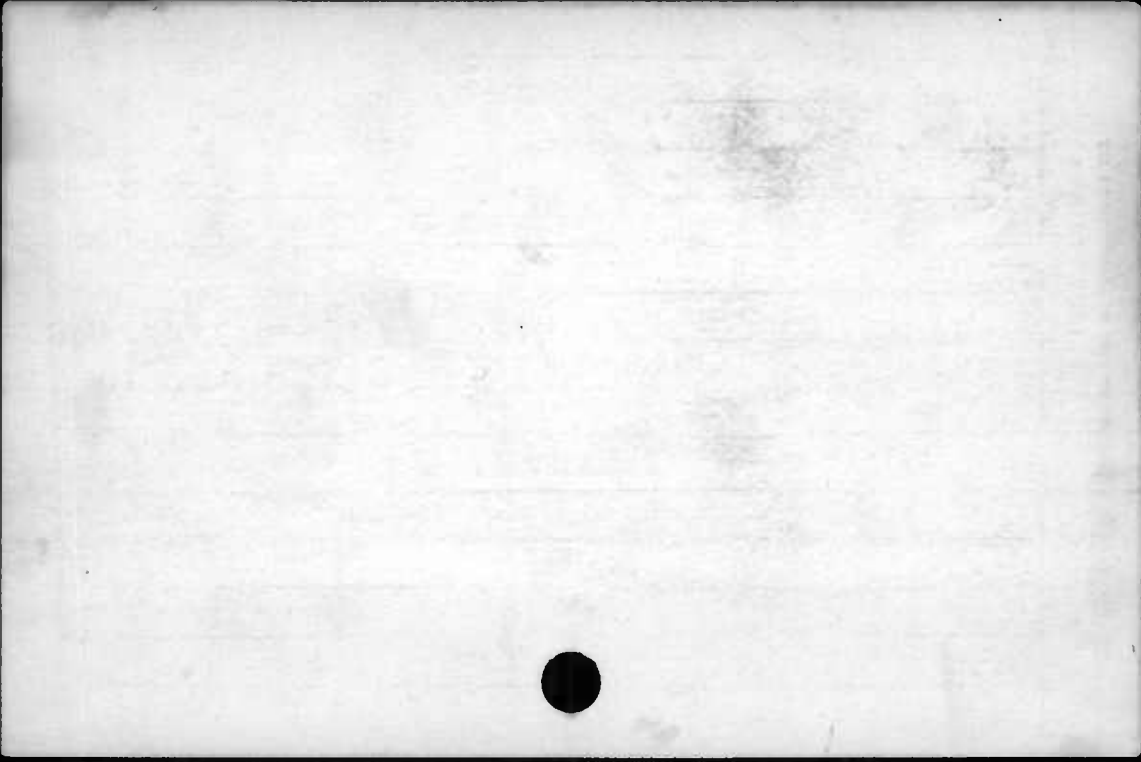
*Westmores-*

Accident or Suicide?

*No*



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Snyderburg</i>		Town <i>Carroll</i>		County
	Date of death <i>1906 Jan 28</i>		Age		Years
	Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>6</i>
	Occupation		Where Residing if not at place of death		Days <i>5</i>
	Married, Single or Widowed		Name of Wife or Husband		Birth-place <i>Snyderburg</i>
	Father's Name <i>Calvin A. Laugh</i>		Father's Birthplace <i>Carroll Co</i>		
	Mother's Maiden Name <i>Amanda Krebs</i>		Mother's Birthplace <i>York Co Pa</i>		
Name of person giving information <i>Geo. Hunt</i>		How related to deceased <i>Uncle</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>		How long <i>3 weeks</i>		(179)
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Sherman</i>		
			Address <i>Manchester Ind</i>		
	Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Emma Marie Fleming</i>		Town <i>Berrett</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>1</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Age <i>7</i>		Years <i>1</i>	
Occupation		Birth-place <i>Berrett</i>		Months <i>1</i>		Days <i>8</i>	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>William A Fleming</i>		Father's Birthplace <i>Mount Airy</i>					
Mother's Maiden Name <i>Farver</i>		Mother's Birthplace <i>Dering</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membrane</i>		How long	
Immediate <i>Croup</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James M. Pickett</i>	
<i>James M. Pickett</i>		Address <i>Undertaker</i>	
Accident or Suicide?		<i>Winfield Wood</i>	



Name  
in  
Full

Hazeliah Fox

## CERTIFICATE OF DEATH

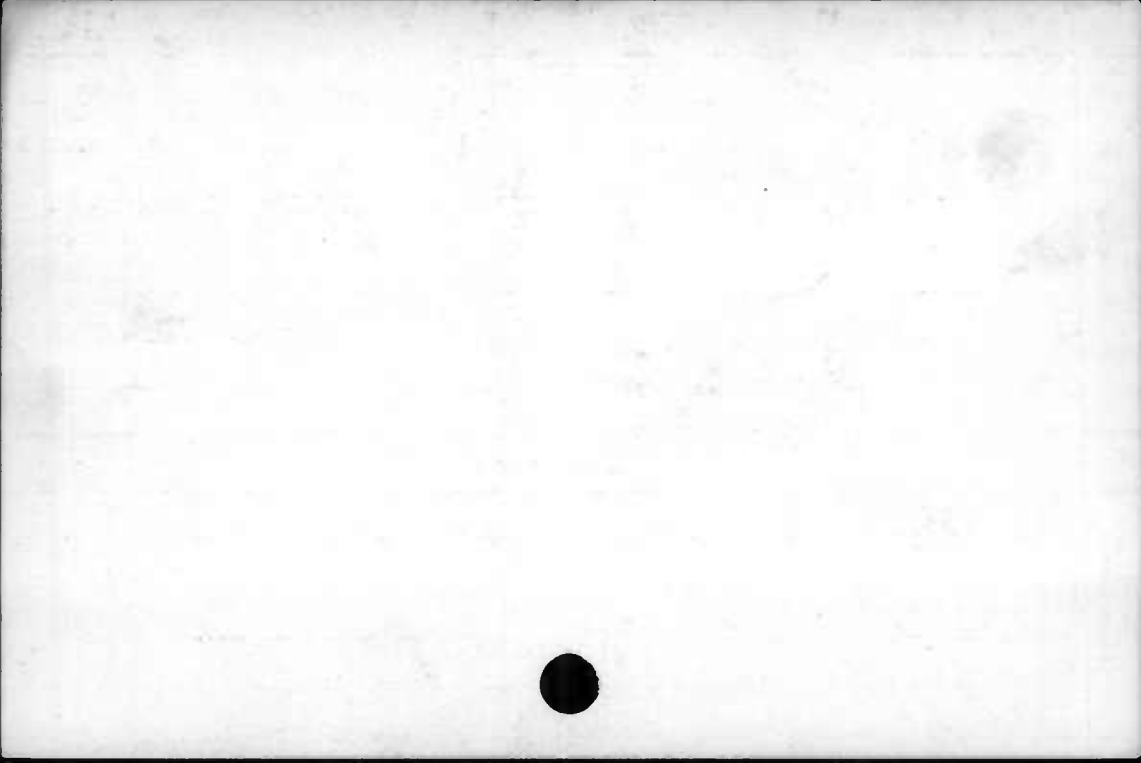
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Jan Delton</i>		<sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	Jan	Day	6
Age		Years		Months	Days
73		6		3	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Fordness Co</i>				
Occupation	<i>Retired Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Emily Fox</i>		
Father's Name	<i>Balthaz Fox</i>		Father's Birthplace <i>Frank Co</i>		
Mother's Maiden Name	<i>Nancy Fogle</i>		Mother's Birthplace <i>Frank Co</i>		
Name of person giving information	<i>Granville Fox</i>		<i>(20)</i> How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Liver Chronic Nephritis</i>		How long	<i>2 yrs</i>
Immediate	<i>Cerebral Embolism</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Chas B. Lane</i>	
			Address <i>Liberty Town Md</i>	
Accident or Suicide?				



Name  
in  
Full

Mrs Margaret Firetwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Manassasville*County *Carroll*Date of death *1906* <sup>Month</sup> *July*<sup>Day</sup> *8*Age <sup>Years</sup> *81*<sup>Months</sup> *7*<sup>Days</sup> *—*Sex *Female*Color or Race *White*Birth-place *Carroll Co,*Occupation *Homemaker*Where Residing if not at place of death *—*~~Married, Single~~  
Widowed *widow*Name of Wife or Husband *Geo. M. Firetwell - deceased*Father's Name *Charles Ambrose*Father's Birthplace *Balti Co*Mother's Maiden Name *Elizabeth Allmack*Mother's Birthplace *Balti Co*Name of person giving information *Geo. M. Firetwell*How related to deceased *Son*

## CAUSES OF DEATH

Primary *Senility*How long *—*Immediate *Exhaustion*How long *one week*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Daniel B. Grecher*Address *Sykesville Md*Accident or Suicide? *—*



Name  
in  
Full

Carriet E. E. F. Frizzell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>near</sup> <u>Taylorville</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>1</u>	Day <u>14</u>	Age <u>45</u>	Months <u>1</u>	Days <u>27</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of <del>deceased</del> <u>Levi</u> Frizzell <sup>Husband</sup>					
Father's Name <u>Sam'l E. Albert, (deceased)</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah A. M. Young</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Sarah A. M. Young</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cold</u>	How long <u>1 week</u>
Immediate <u>Pneumonia</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. T. Cronk</u>
	Address <u>Taylorville Md.</u>
Accident or Suicide?	

Bailes



Name  
in  
Full

William Henry Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Westminster</i>		Town		County		MARYLAND	
Date of death	1906	Month	Jan	Day	26	Age	Years 38
Sex	Male		Color or Race	White		Birth-place	Mayland
Occupation	Home trainer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Green					Father's Birthplace	Germany
Mother's Maiden Name	Elizabeth Butler					Mother's Birthplace	Pa
Name of person giving information	William Green					How related to deceased	Father

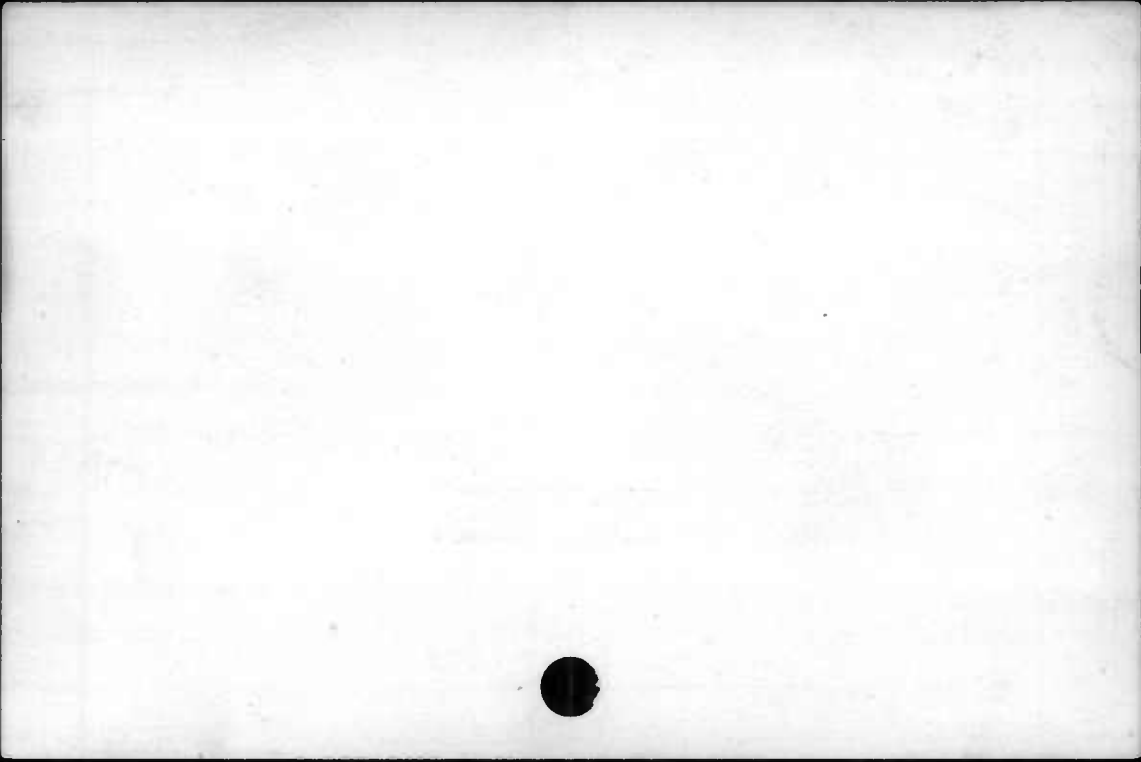
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption		How long	6 months
Immediate	Larue		How long	
Are the name, age, sex, color, date and place correctly given above?		W	Signature of Physician	My Batt
			Address	Westminster Md.
Accident or Suicide?		no		

Kriden

Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Springfield Hospital</i>				<i>Carroll</i>		MARYLAND	
		Date of death <i>1906 Jan</i>		Day <i>14</i>		Age <i>57</i>		Months <i>2</i> Days <i>11</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mad</i>			
		Occupation <i>Farmer</i>				Where Residing if not at place of death			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
		Name of person giving information <i>Hospital records</i>				How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Terminal dementia</i>				How long <i>5</i>			
		Immediate <i>Cerebral congestion</i>				How long <i>1 wk</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge</i>				Signature of Physician <i>Chas. Kearney</i>			
		<i>Mo</i>				Address <i>Sylversville Md.</i>			
		Accident or Suicide? <i>No</i>				✓			



Name  
in  
Full

Mary, Catharine Hoffacker

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Manchester

Carroll Co.

Date

of death 1906

Month

1

Day

26

Years

Age 57

Months

4

Days

15

Sex

Female

Color or  
Race

White

Birth-  
place

Cleria Ind.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Geo. W. Hoffacker

Father's  
Name

John Landis

Father's  
BirthplaceMother's  
Maiden Name

Mary, Catharine Landis

Mother's  
Birthplace

Cleria Ind.

Name of person giving  
In formation

Ross Hoffacker

How related  
to deceased

Son.

## CAUSES OF DEATH

Primary

Tuberculosis of Heart

How long

Two years

Immediate

Congestive Anemia

How long

Two hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. H. Preston M.D.  
Manchester

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield State Hosp.</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>30</i>	Age <i>67</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>W.</i>		Birth-place <i>Washington D.C.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Hospital</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Dementia</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. V. Morris</i>
		Address <i>Springfield State Hosp. Lykesville Md.</i>
Accident or Suicide?		





Name  
in  
Full

Henrietta Apalona Krouse

## CERTIFICATE OF DEATH

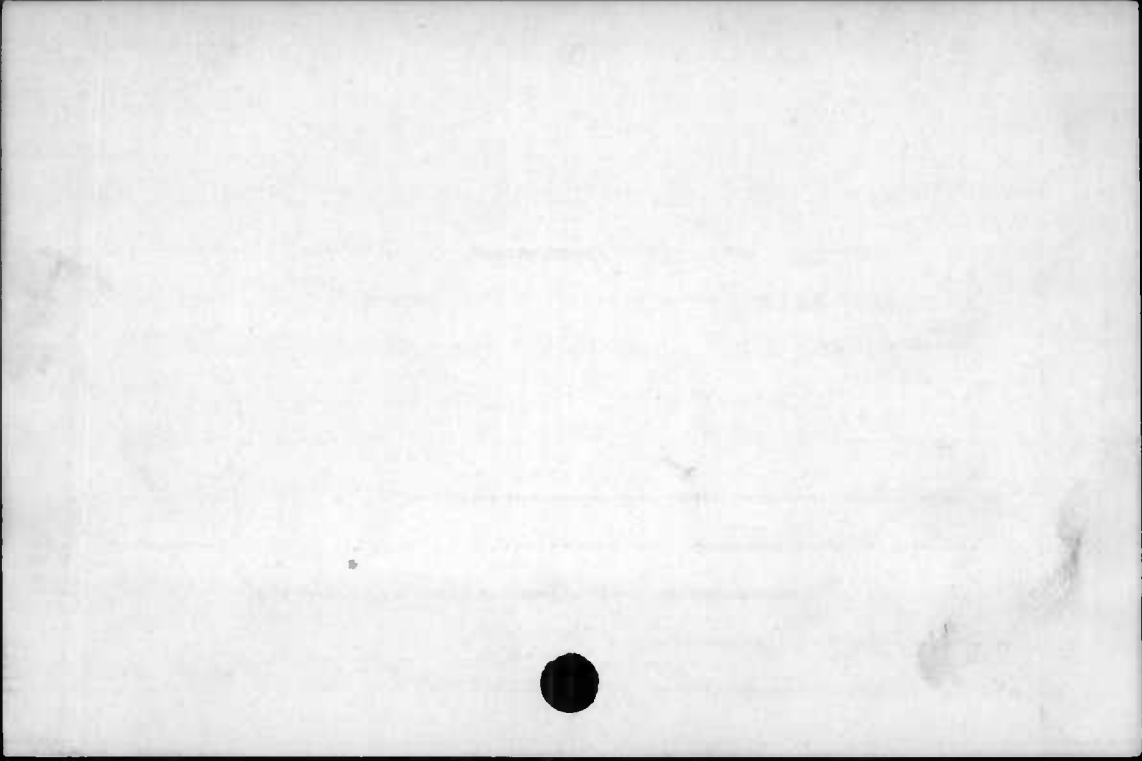
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906 Jan.</i>	Month <i>Jan.</i>	Day <i>4th</i>	Age <i>82</i>	Months <i>0</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>John Krouse</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>"</i>		
Mother's Maiden Name <i>Sarah Eckert</i>	How related to deceased <i>2. Cousin</i>		Name of person giving information <i>B. Krouse</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Hypertensive Heart Trouble</i>	How long <i>2 yrs.</i>
Immediate <i>Heart Trouble</i>	How long <i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. D. Waller</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

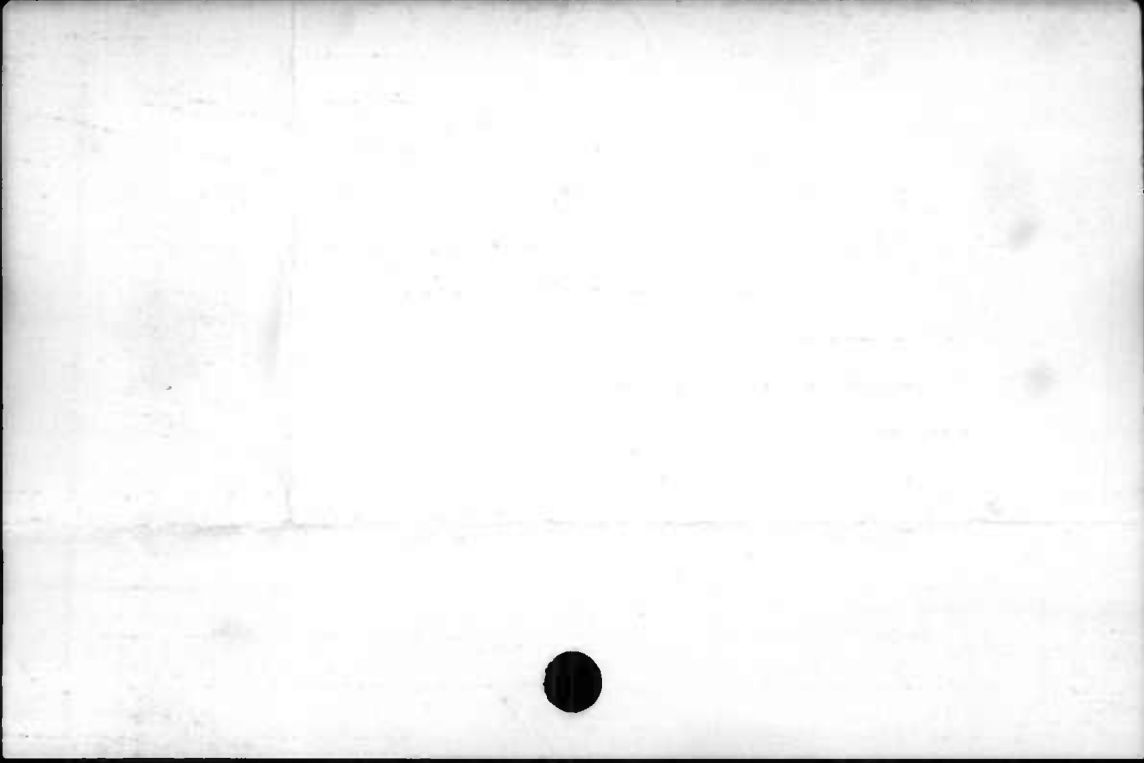
Died at *Pipe Creek* Town *Pipe Creek* CountyDate of death *1906 Jan* Month *27* Day *57* Age *9* Years *9* Months *26* DaysSex *Female* Color or Race *white* Birth-place *Carroll Co*Occupation \_\_\_\_\_ Where Residing if not at place of death *Pipe Creek*Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_Father's Name *Lewis G Lindsay* Father's Birthplace *Carroll Co*Mother's Maiden Name *Susan Carroll* Mother's Birthplace *Carroll Co*Name of person giving information *Mr W. Lindsay* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Carcinoma* (45) How long *30 months*Immediate *Heart* How long *Immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. D. E. L. Luff*Address *Union Bridge*Accident or Suicide? ☒



Name in Full

Certificate of Death

Carrie L Mandley

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1906

Jan 21

Age

10 10 7

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Hepatitis

Death

Immediate

Hyperaemia of Brain &amp; Spine

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1906



Name

in  
Full

## CERTIFICATE OF DEATH

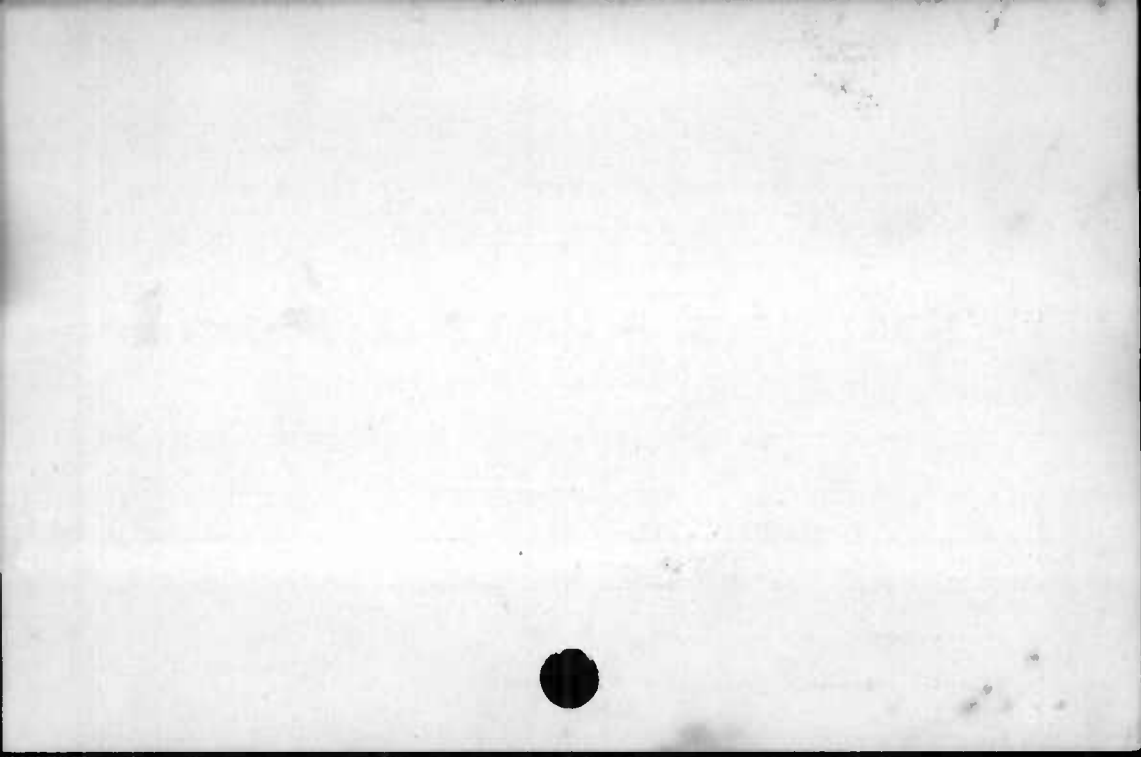
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	Jan	Day	12
Age	45	Years	7	Months	25
Sex	Male	Color or Race	White	Birth-place	Carroll Co
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Thomas Magerly			Father's Birthplace	Ind
Mother's Maiden Name	Mary Colmough			Mother's Birthplace	Ind
Name of person giving information	Mary Magerly			How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	1 week
Immediate	Head Fault	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Jos. J. Henning
		Address	Westminster
			Ind
Accident or Suicide?			





Name in Full

Certificate of Death

Ada Lorne Myers

Town

County

Died at

MARYLAND

Died at Pleasant Bally Carroll  
 Date Jan 11 1906 Age 4.1.2.  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's  
Name Edward G. Myers

Mother's  
Name Ella Myers

Cause of

Primary Pneumonia

How long sick

17. hours

Death

Immediate

Hemorrhage

(93)

Accident, Suicide, Homicide

Reported by

C. M. Brown M.D.

Address

Pleasant Bally Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708



Thomas J Myers

Died at <sup>Town</sup> Maple Grove <sup>County</sup> Carroll MARYLAND

Date 189 <sup>Year</sup> 1906 <sup>Month</sup> Jan <sup>Day</sup> 21 Age <sup>Y.</sup> 1 <sup>M.</sup> 7 <sup>D.</sup> 7 <sup>Native of</sup> Maryland <sup>Occupation</sup> \_\_\_\_\_

Male White Married ~~Widow~~ Divorced  
 Female Colored Single Widower Number of children living \_\_\_\_\_

Husband \_\_\_\_\_  
 of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name Ira B Myers Mother's Name Ida G. Fowble

Cause of { Primary Convulsions  
 Death { Immediate



How long sick  
 2 days

Accident, Suicide, Homicide

Reported by J H Sherman M.D.

Address Winchester Carroll Co Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

East-Town

County

Carroll

MARYLAND

Date

of death 1906

Month

Jan

Day

19

Age

Years

Months

2

Days

25

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

William H Ogg

Father's  
Birthplace

Md

Mother's  
Maiden Name

Esther V Barnes

Mother's  
Birthplace

Md

Name of person giving  
Information

George W Barnes

How related  
to deceased

Grand Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

12 hrs

Immediate

Heart failure

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. S. N. Garrison

Address

Gambler

Accident or Suicide?

✓

PHYSICIAN  
OR CORONER



Name  
In  
Full

Tobitha A Parker ✓

## CERTIFICATE OF DEATH

Died at <u>Oakland</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>		<u>Jan</u> <small>Month</small>	<u>19</u> <small>Day</small>	<u>67</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Balto Co, Md</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Columbus Parker</u>			
Father's Name <u>Nicholas Dell</u>		Father's Birthplace <u>Carroll Co Md</u>			
Mother's Maiden Name <u>Barbara A. Barnhardt</u>		Mother's Birthplace <u>" " "</u>			
Name of person giving information <u>Columbus Parker</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

Primary	<u>Meninge Cancer.</u>	How long	<u>Four years.</u>
Immediate	<u>Ascites &amp; Exhaustion.</u>	How long	<u>Four weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>		Signature of Physician <u>Wm. W. Ward, M.D.</u>	
		Address <u>Hamisville, Md.</u>	
Accident or Suicide? <u>—</u>			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Daniel W. Phillips.

## CERTIFICATE OF DEATH

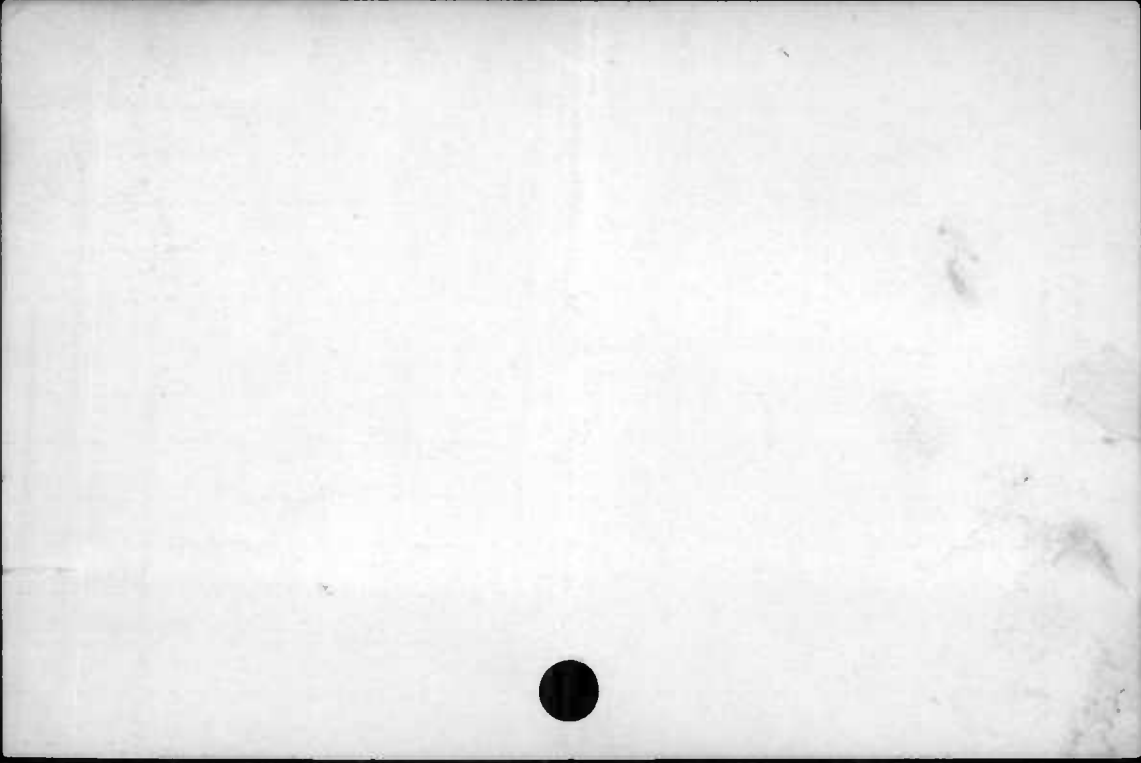
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>6</i>		Month <i>Jan.</i>	Day <i>7</i>	Age <i>56</i>	Years <i>56</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Alfred M. Phillips</i>							
Father's Name <i>Judge Phillips</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sallie Pratt</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John E. Pratt</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hepatic Cirrhosis</i>	How long	<i>112</i> <i>Three years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. H. Hoad, M.D.</i>	
		Address <i>Harrisonville, Mo.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Annie Mathias Roberts

## CERTIFICATE OF DEATH

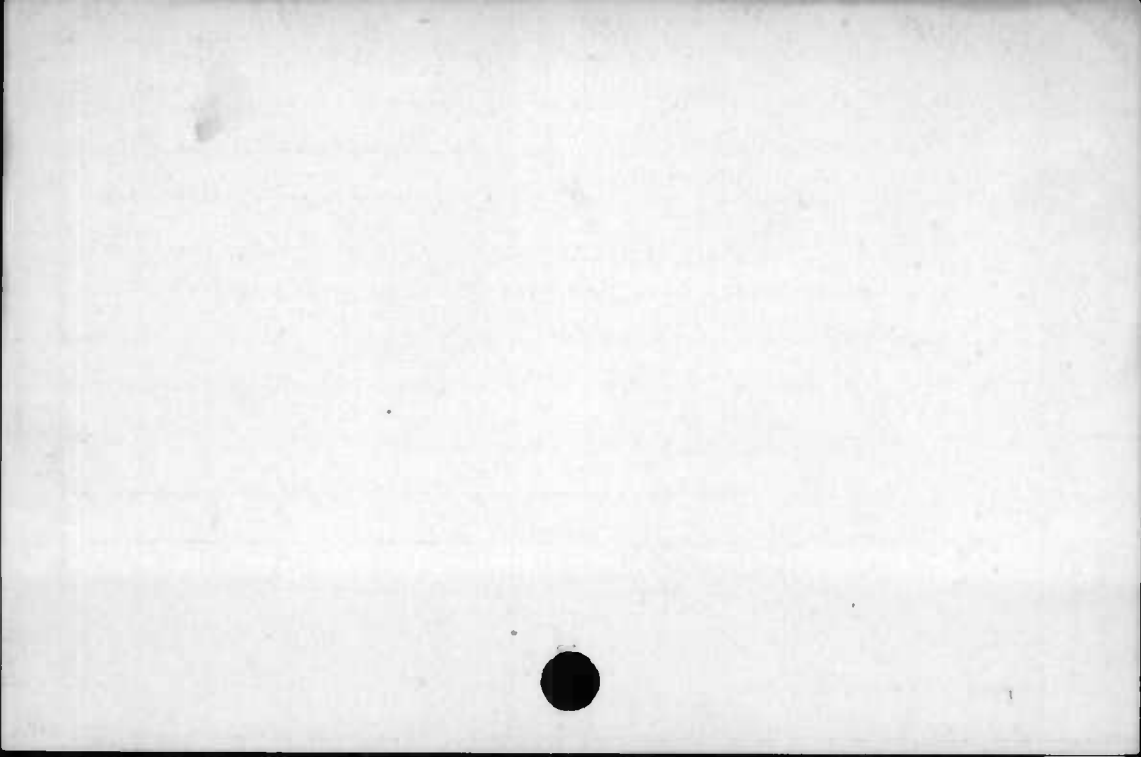
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		Month Jan	Day 15	Age 64	Years 7	Months 6	Days
Sex Female		Color or Race white		Birth-place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Charles B Roberts					
Father's Name John Thomas Mathias		Father's Birthplace Maryland					
Mother's Maiden Name Mary Shorb		Mother's Birthplace Pennsylvania					
Name of person giving information John M Roberts		How related to deceased Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cold -	(93)	How long one week
Immediate Pneumonia & Heart Failure		How long —
Are the name, age, sex, color, etc and place correctly given above? Yes		Signature of Physician Jas. H. Rillinglea M.D.
Accident or Suicide? No		Address Westminster Md -



Name  
in  
Full

Lurey Ryan

6/1/11

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hean* Town *Antairg* County *Carroll*Date of death *1906* Month *Jan* Day *25* Age *27* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Carroll Co*Occupation *General House Work* Where Residing if not at place of death *AT place of Death*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Mrs Oscar Spurrison* How related to deceased *Not Related*

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

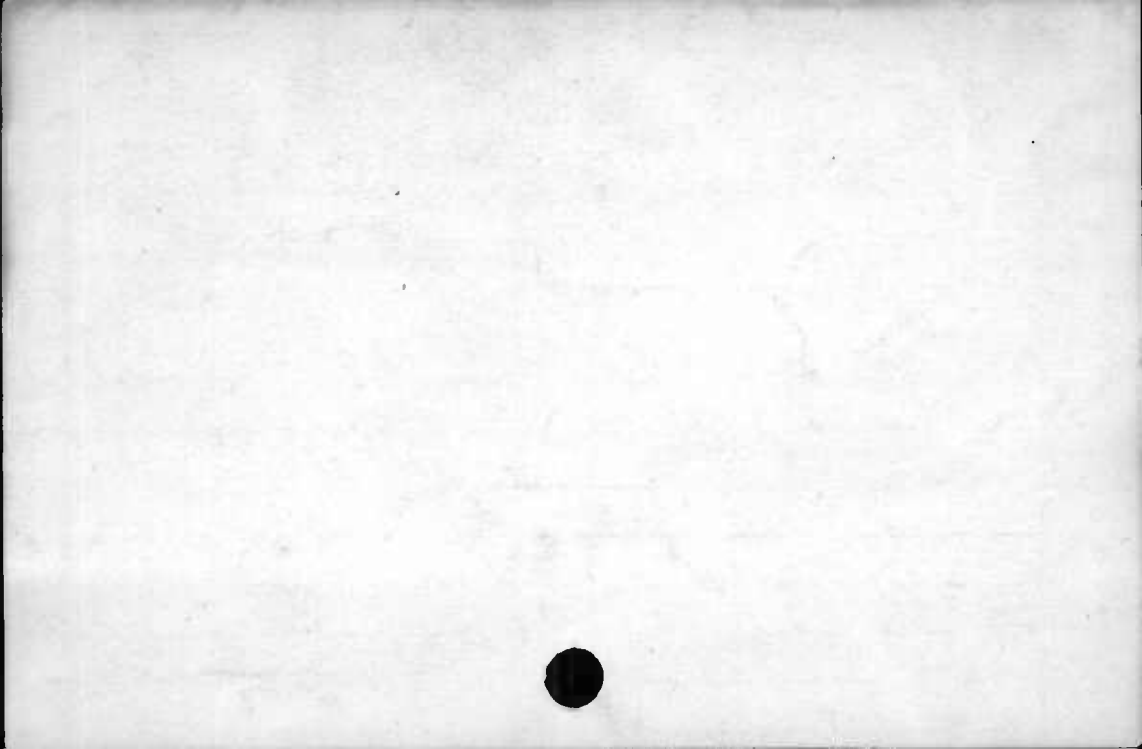
*yes*

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Sarah Elizabeth Shaffer

Town

County

Died at

Manchester

Carroll

MARYLAND

Date 1906  
 Month Jan Day 19  
 Y. 38 M. 2 D. 19  
 Native of Maryland  
 Occupation Housewife  
 Male White Married Widowed Divorced  
 Female Colored Single Widower  
 Number of children living 9

Husband of F. Wesley Shaffer  
 Wife of F. Wesley Shaffer  
 Father's Name Wm Kelan  
 Mother's Name Mary Sherman

Cause of Death { Primary Puerperal Convulsions  
 Immediate Collapse  
 How long sick 6 days  
 Accident, Suicide, Homicide

Reported by J H Sherman M.D.  
 Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900





Name  
in  
Full

Sarah Shearer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Lincolnton

Town

Carroll

County

Date

of death 1906

Month

1

Day

22

Age

Years

73

Months

3

Days

26

Sex

Female

Color or  
Race

White

Birth-  
place

Hoffmanville

Married, Single  
or Widowed

Married

Occupation

Housewife

Name of Wife or  
Husband

Ephraim Shearer

Father's  
Name

Wm J. Hoffman

Father's  
Birthplace

Baltico

Mother's  
Maiden Name

Mary Wakeheim

Mother's  
Birthplace

Carroll co

Name of person giving  
information

Hattie Landis

How related  
to deceased2<sup>nd</sup> Cousin

## CAUSES OF DEATH

Primary

Inflammation of Bowels

How long

3 days

Immediate

Paralysis

How long

3 wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

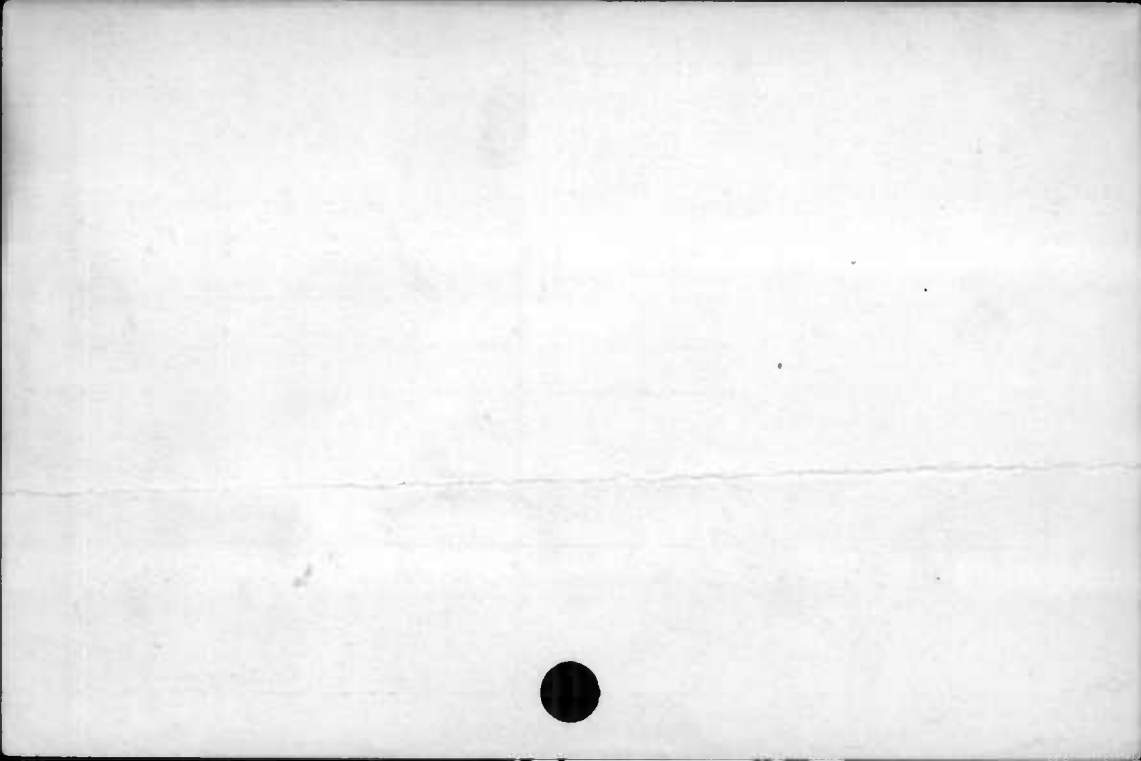
E. R. Albargh M.D.

Address

Glen Rock Pa

Accident or Suicide?

✓ R. F. D. #1



Name  
in  
Full

Emma. Gudith. Shoemaker

CERTIFICATE OF DEATH

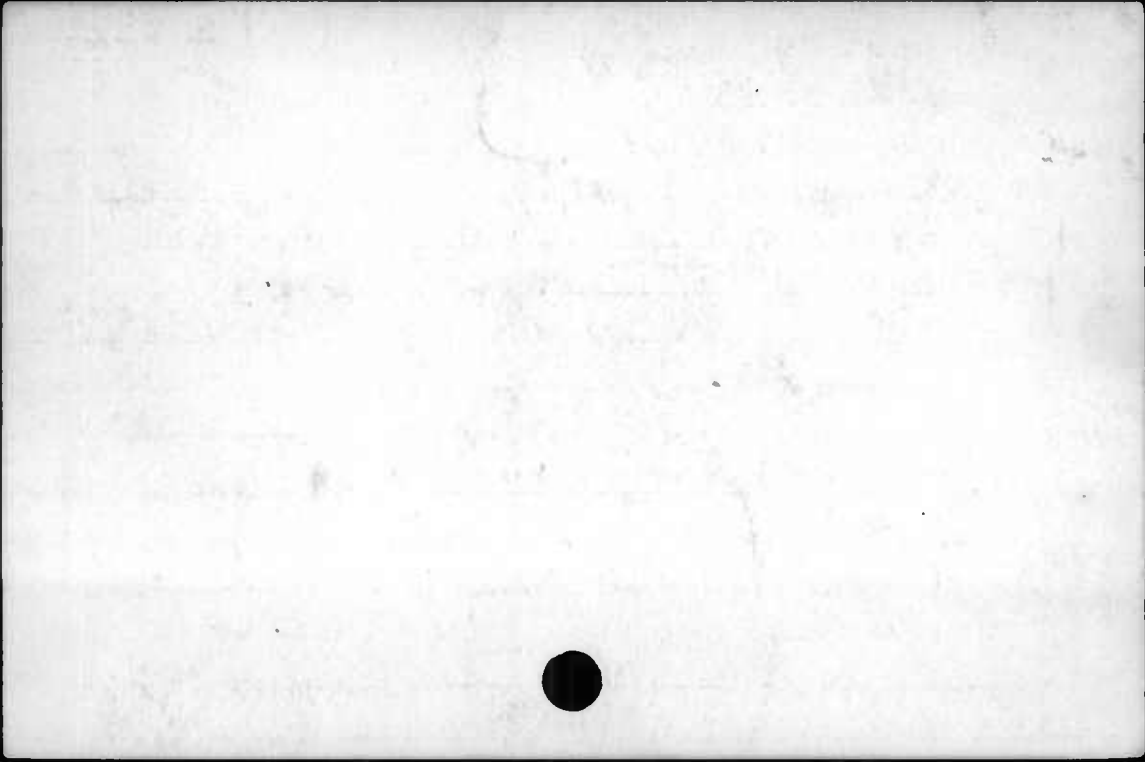
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Harney</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month	1	Day	17
Age	32	Years	8	Months	20
Sex	Female	Color or Race	White	Birth-place	Pa
Occupation	Housewife		Where Residing if not at place of death		
Married, <del>Single</del>	Name <del>_____</del> Husband		William L. Shoemaker		
Father's Name	Alfred. Marahan		Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth. Walker		Mother's Birthplace	Pa	
Name of person giving information	William L. Shoemaker		How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis.	How long	2 years.
Immediate	Exhaustion & Respiratory Failure	How long	24 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. N. Sipe. M.D.
		Address	Haneytown. Md.
Accident or Suicide? <input checked="" type="checkbox"/>			



Name  
in  
Full

Rachel Starnes

## CERTIFICATE OF DEATH

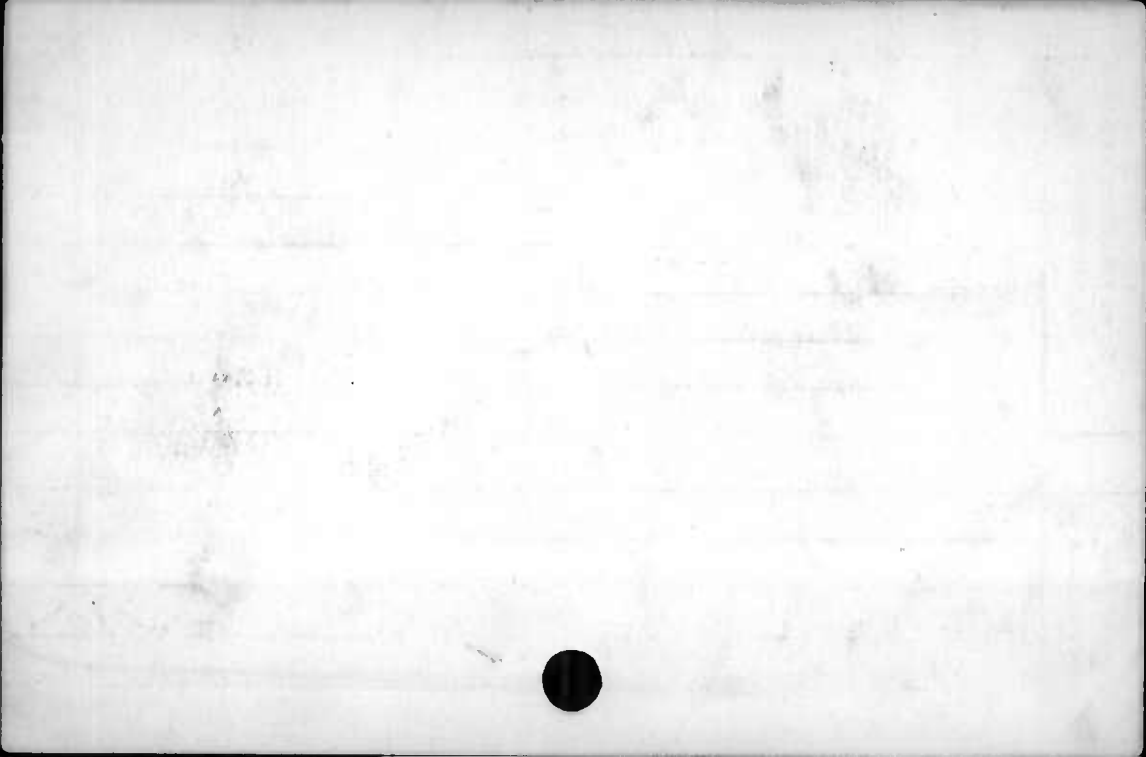
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hampstead		County Barroll		MARYLAND	
Date of death	1906	Month 1	Day 10	Age 56	Years	Months 4	Days 9
Sex	Female		Color or Race	white		Birth-place	Chambersburg
Occupation	House wife			Where Residing if not at place of death Hampstead			
Married, Single or Widowed	<del>Single</del>			Name of Wife or Husband Rachel Starnes			
Father's Name	William Huff				Father's Birthplace	Philadelphia	
Mother's Maiden Name	Rebecca Huff				Mother's Birthplace	Union Mills	
Name of person giving Information	Husband (120)				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal Nephritis & Catarrh of stomach		How long	Eight months
Immediate	Leoma & weakness		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R F. Richack M.D.		
Address Hampstead		Address Barroll Co. Md.		
Accident or Suicide?				



TO BE ANSWERED BY  
NEAREST FRIEND

John Stuller

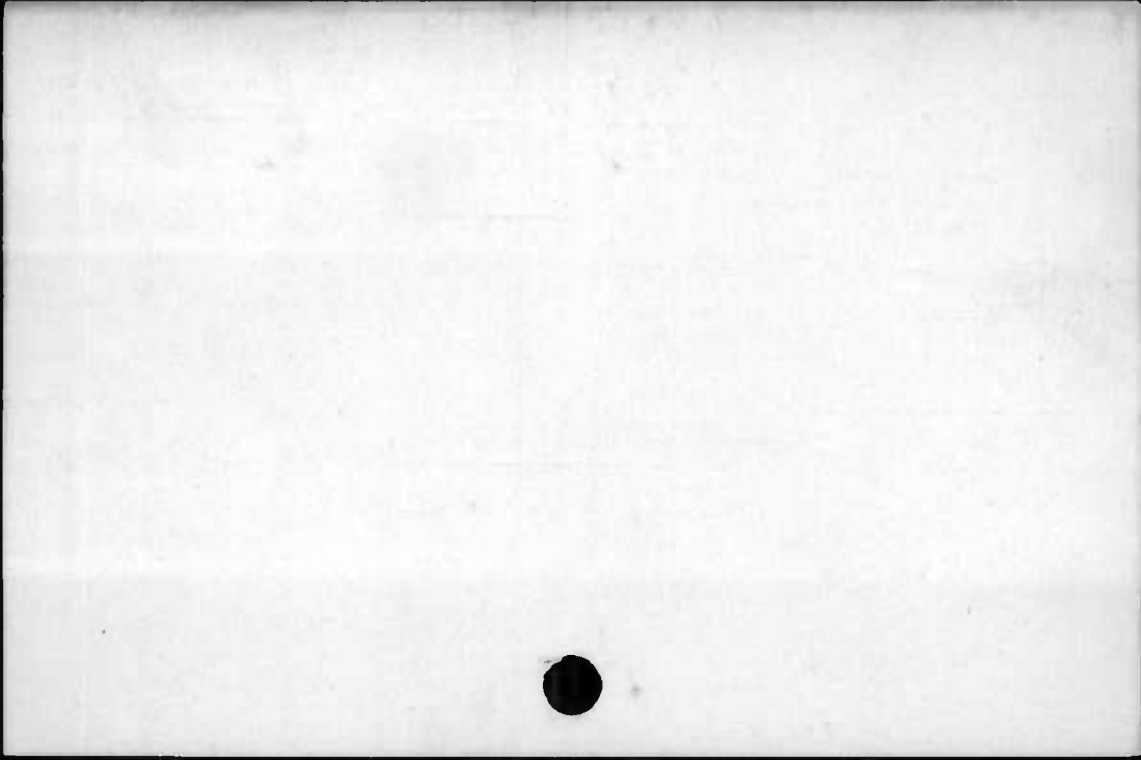
Delmar

Date of death	1906	Month	Jan'y	Day	24	Age	75	Years	(about)	Months	Days	
Sex	Male			Color or Race	White			Birth-place				
Occupation	Farmer			Where Residing if not at place of death								
Married, Single or Widowed	Married			Name of Wife or Husband			Ann Rebecca Coons					
Father's Name	David Stuller						Father's Birthplace					
Mother's Maiden Name	Elizabeth Fisher						Mother's Birthplace					
Name of person giving information	Ann R. Stuller						How related to deceased					
						Wife						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Disease of heart & General Debility		How long	2 years
Immediate	Pneumonia		How long	36 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	C. H. Diller
			Address	Delmar
				Maryland
Accident or Suicide?	No			





Name  
in  
Full

CERTIFICATE OF DEATH

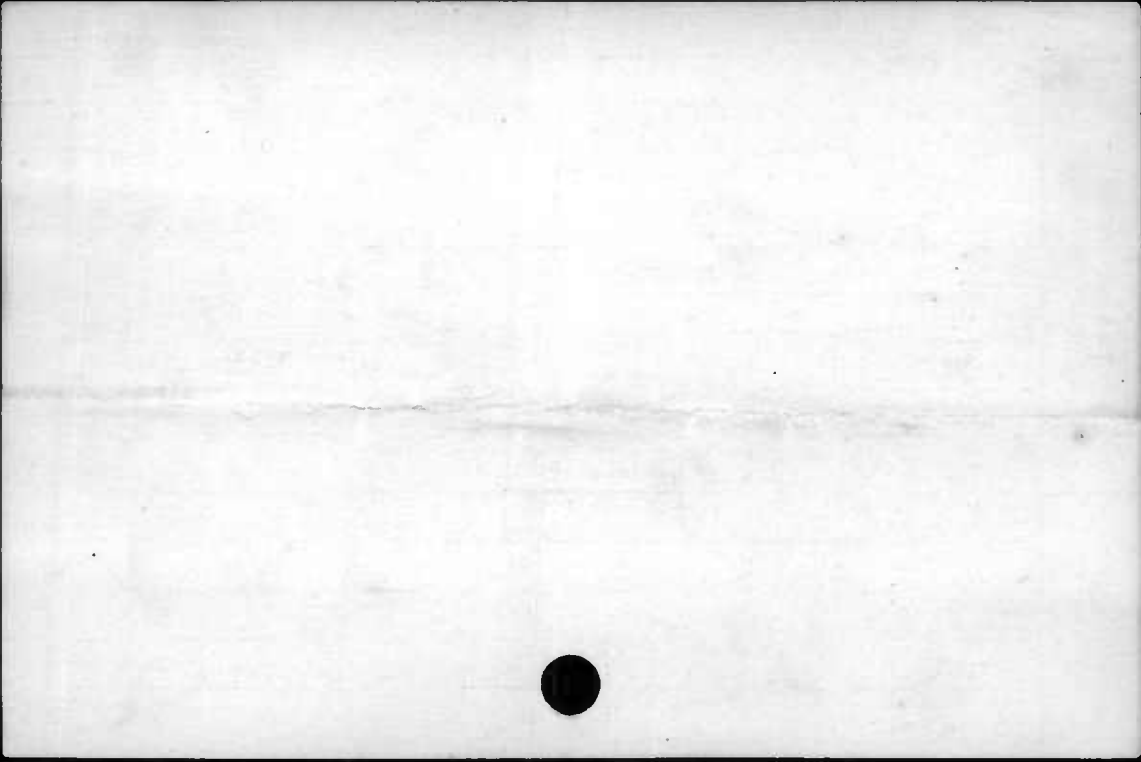
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Sullivan, Zedock, Waters</i>				Town <i>Sylmar</i>		County <i>Barro</i>		MARYLAND	
Died at <i>Sylmar</i>		Date of death <i>1906 Jan 11</i>		Age <i>56-</i>		Months <i>7</i>		Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind -</i>					
Occupation <i>carpenter</i>				Where Residing If not at place of death <i>-</i>					
Married, <del>Single</del>				Name of Wife or <del>husband</del> <i>Charlotte, Sullivan</i>					
Father's Name <i>Nelson Sullivan</i>				Father's Birthplace <i>Ind -</i>					
Mother's Maiden Name				Mother's Birthplace					
Name of person giving information <i>Charlotte Sullivan</i>				How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>14 days</i>	
Immediate <i>Pneumonia</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. Frank Lucas M.D.</i>	
		Address <i>Sylmar, Ind.</i>	
Accident or Suicide? <i>-</i>		✓	



Name  
in  
Full

Thompson

## CERTIFICATE OF DEATH

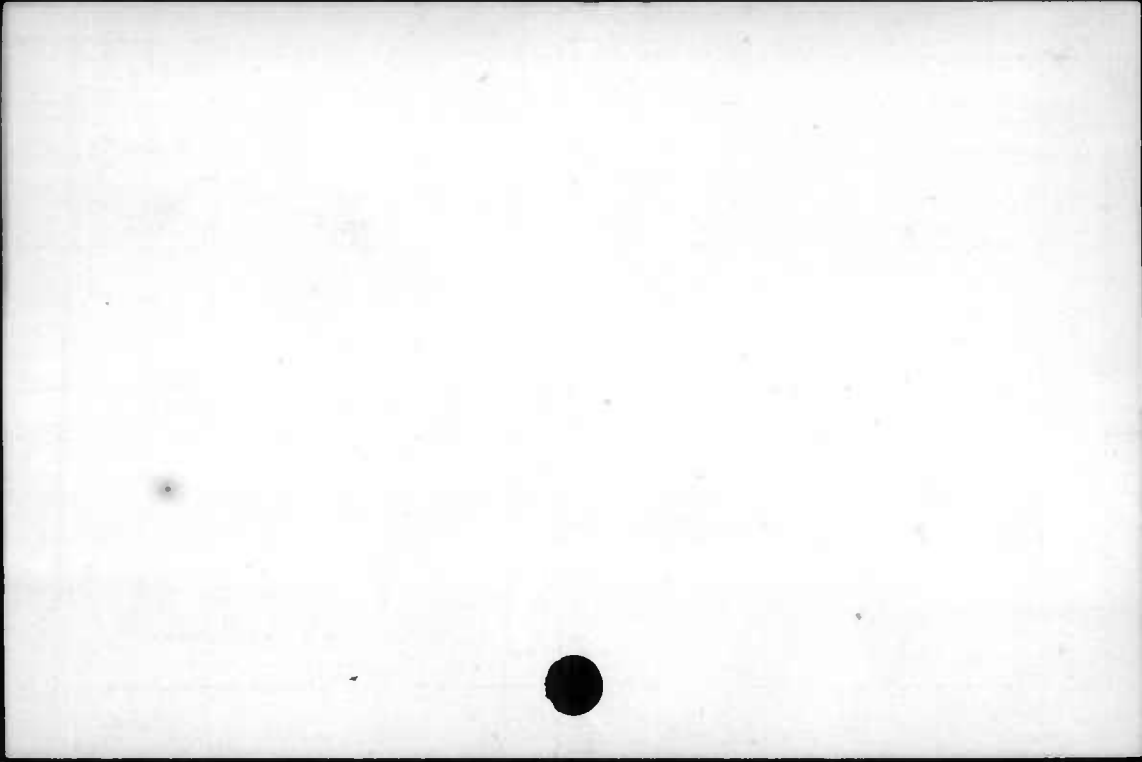
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lylesville</i> <sup>Town</sup>			<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>6<sup>th</sup></i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>			
<del>Married</del> , Single		Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>		Father's Birthplace <i>?</i>				
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>?</i>				
Name of person giving information <i>J. H. Morris M.D.</i>		How related to deceased <i>No relationship</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born child.</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital</i>
Accident or Suicide? <i>No.</i>	<i>Lylesville, Carroll Co. Md.</i>



Name  
in  
Full

Charles Hambleton Vanderford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Westminster, md <sup>County</sup> Carroll

Date

of death 190

Month

January

Day

26

Years

Age

59

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Baltimore, md

Occupation

Editor

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Yes

Name of Wife or  
Husband

Mary E. Mills

Father's  
Name

Henry Vanderford

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Angelina Vanderford

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Wm. H. Vanderford

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Cerebral Intersubcutaneous Refluxes

How long

2 yrs.

Immediate

Possibly

How long

3 days

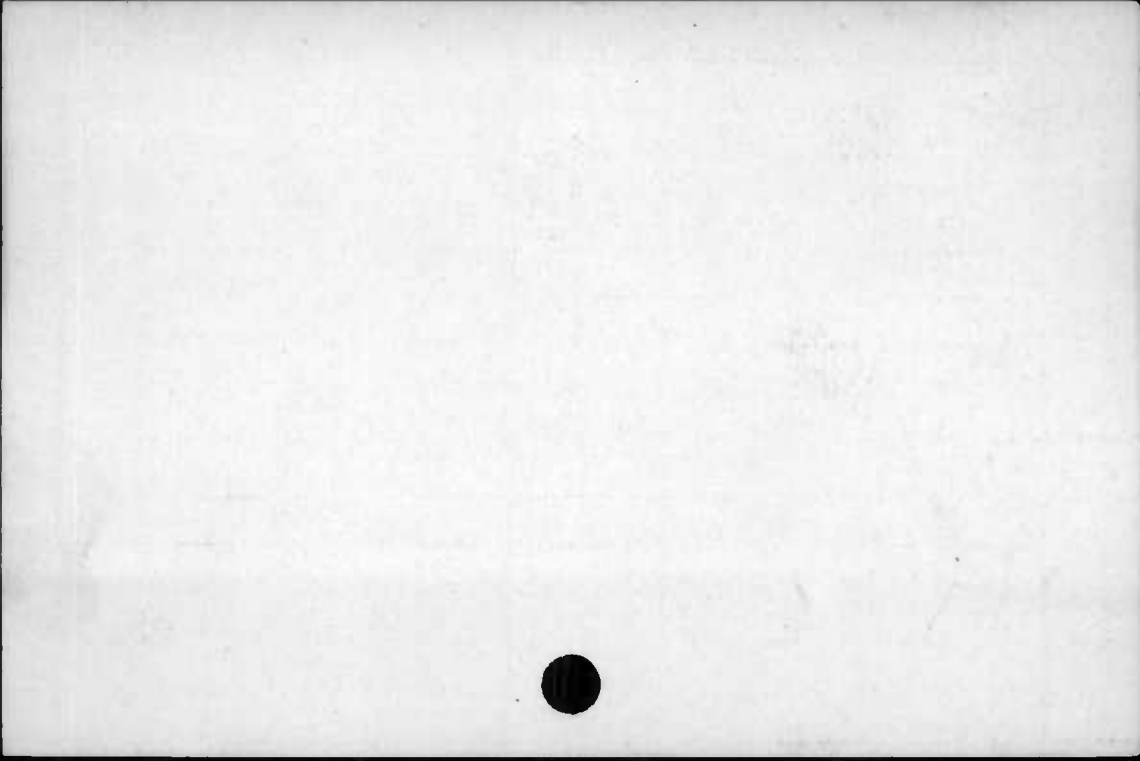
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Wm. D. Wells

Westminster  
Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Eva Madera Walkling

MARYLAND

Died at Warfieldburg

County

Carroll

Date

of death 1906

Month

Jan

Day

20

Age

Years

12

Months

11

Days

6

Sex

Female

Color or  
Race

White -

Birth-  
place

Carroll Co Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Walkling

Father's  
Birthplace

Carroll Co Md

Mother's  
Maiden NameMother's  
Birthplace

" " "

Name of person giving  
information

John Walkling

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia &amp; Rheumatism

How long

24 hours

Immediate

Dyspnoea

How long

8 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos. J. Boonau

Address

Wesley, Tenn

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

West Park cemetery.



Name  
in  
Full

Francis Wampler

116  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at Franklinburg Town Carroll County

MARYLAND

Date of death 1906 Month Jan Day 2 Age 72 Years Months 6 Days 10

Sex Female Color or Race White Birth-place Maryland

Occupation House Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ Husband Frank A. Wampler

Father's Name Michael Byers Father's Birthplace Maryland

Mother's Maiden Name Scott Dixon Mother's Birthplace

Name of person giving information Frank A. Wampler How related to deceased Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Bright's Disease How long 1 yr.

Immediate Heart Failure How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*Kristina Conn*

Name  
in  
Full

CERTIFICATE OF DEATH

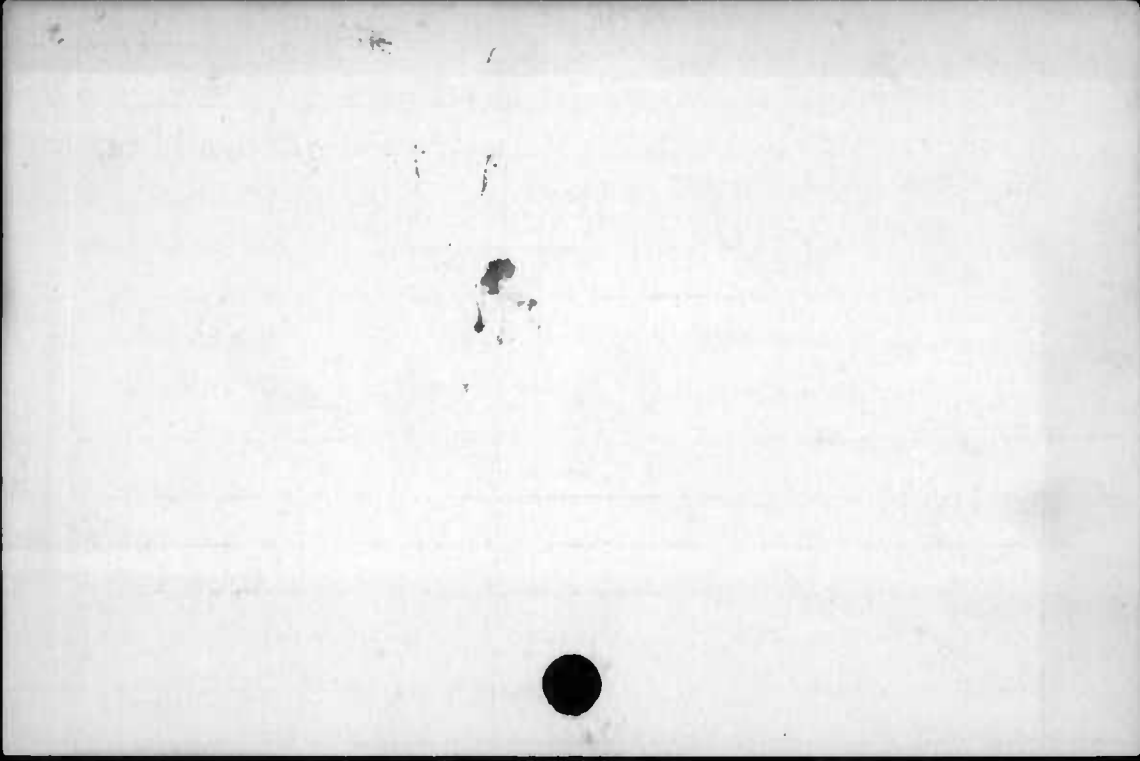
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John J Wampler</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>Jan</i>		Day <i>10</i>		Age <i>78</i>	
Date of death <i>1906</i>		Months <i>1</i>		Years <i>10</i>		Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Maryland</i>			
Occupation <i>Retired Merchant</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret A. Smith</i>					
Father's Name <i>Lewis Wampler</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lidia Brown</i>		Mother's Birthplace <i>do</i>					
Name of person giving in formation <i>Margaret A. Wampler</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>—</i>
Immediate <i>Heart Disease</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>no</i>	Signature of Physician <i>Jas. H. Biffingstead</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>no</i>	<i>Edgar</i>



Name in Full

Certificate of Death

Lawrence L. Wiener

Town

County

Hampstead Carroll

MARYLAND

Died at

Month

Day

X

M

D.

Native of

Occupation

Date 1896 January 22

Age

13

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Samuel L. Wiener

Mother's

Name

Laura A. Wiener

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

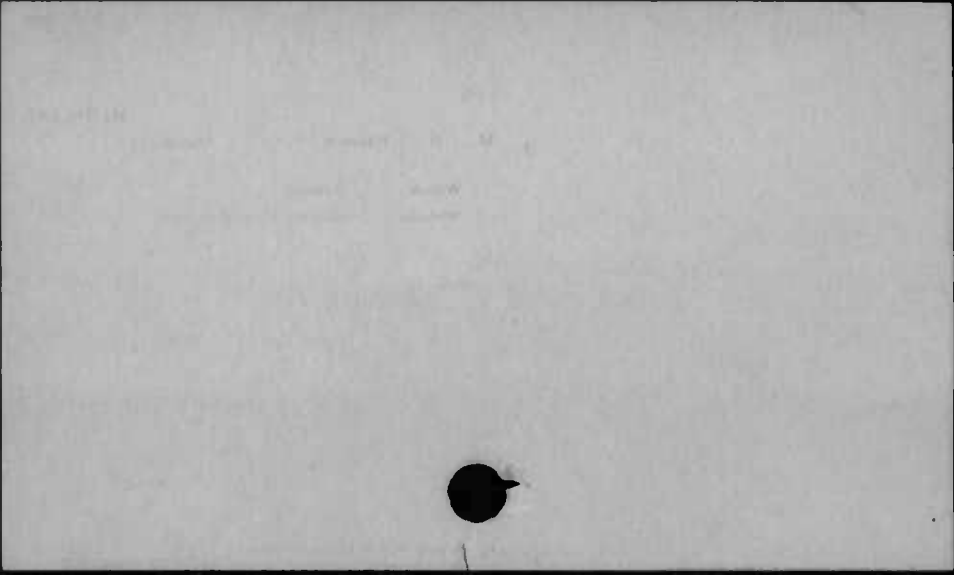
R. C. Wells M.D.

Address

Hampstead Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, REGIST.



Name  
in  
Full

*Roll Youngling*

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East View</i> Town		<i>Carroll</i> County			
Date of death 1906	Month <i>Jan</i>	Day <i>11</i>	Age	Years <i>10</i>	Months <i>26</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>W. N. Youngling</i>			Father's Birthplace <i>Carroll, Md</i>		
Mother's Maiden Name <i>Laura Youngling</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>W. S. N. Gorsuch</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>2 days</i>
Immediate <i>Heart Failure</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. N. Gorsuch</i>
		Address <i>Garnier Ind</i>
Accident or Suicide?		

